

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

Chapter 13

-----X  
In re:

Case No. 16-22379-rdd

Susan Stoll Andrade

Debtor(s).  
-----X

**CREDITOR LOSS MITIGATION AFFIDAVIT**

STATE OF NEW YORK     )  
                                  ) ss.:  
COUNTY OF NASSAU     )

I, Wendy Sinrilus, being sworn, say:

I am not a party to this action, am over 18 years of age and reside in Suffolk  
County, New York.

On November 9, 2016, I served a true copy of the Financial Packet annexed hereto and  
a request for the following documents:

- ☒ A copy of the Mortgagee(s) completed Financial Worksheet;
- ☒ Tax Returns (last 2 years); signed, dated, including all schedules;
- ☒ Proof of Second/Third Party Income by Affidavit of the party, including the party(s) last two (2) paycheck stubs,
- ☒ Three (3) most recent bank statements (all pages for all accounts);
- ☒ 30 consecutive days' of paystubs (5 stubs if paid weekly and 3 stubs if paid every two weeks)
- ☒ If self-employed, then most recent year to date profit and loss statement;
- ☒ Proof of other earned income and/or benefit income (include most recent award letter);
- ☒ A detailed list of all monthly expenses;
- ☒ RMA (Request for Mortgage Assistance); all boxes completed, signed and dated.
- ☒ Rental Income: need current signed and dated lease agreements; 2-months proof of rental income deposit;

- ☒ Mortgage Statement and/or copy of modification on the first lien.
- ☒ Other (please specify): Current utility bill; Homeowners Insurance policy declaration page; No homeowner association letter; Property tax bill; completed 4506T form, a Hardship Letter covering the 5 following sections: Cause of the hardship, why did the hardship occur happen, when did the hardship occur, how and when did the customer resolve the hardship and the customers intent on keeping the subject property, and Dodd-Frank Certificate.

Upon the following parties via email at the following addresses:

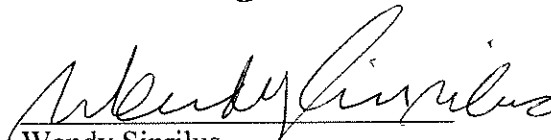
Todd S. Cushner, Esq.  
Garvey Tirelli & Cushner Ltd.  
50 Main Street Suite 390  
White Plains, NY 10606  
914-946-2200  
Fax : 914-946-1300  
Email: [todd@thegtcfirm.com](mailto:todd@thegtcfirm.com)

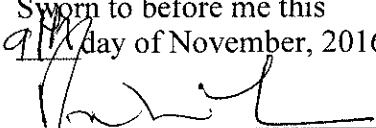
Please be advised that the loss mitigation contact is as follows:

Nancy Ouch  
Default Service Officer  
16745 W. Bernardo Dr. #300 | San Diego, Ca 92127  
O: 858-924-8267 |  
[Nancy.Ouch@Caliberhomeloans.Com](mailto:Nancy.Ouch@Caliberhomeloans.Com)

**KINDLY PROVIDE A COPY OF THE COMPLETED  
FINANCIAL DOCUMENTS VIA EMAIL TO THE  
FOLLOWING ADDRESS: [wsinrilus@rosicki.com](mailto:wsinrilus@rosicki.com).**

Dated: November 9, 2016  
Plainview, New York

  
Wendy Sinrilus  
Rosicki, Rosicki & Associates, P.C.  
51 E. Bethpage Road  
Plainview, NY 11803  
Phone: 516-741-2585  
Fax: 516-783-7243  
[wsinrilus@rosicki.com](mailto:wsinrilus@rosicki.com)

Sworn to before me this  
11<sup>th</sup> day of November, 2016  
  
NOTARY PUBLIC

ROSEMARIE E. FORTINO  
NOTARY PUBLIC, STATE OF NEW YORK  
NO. 01FO6241639  
QUALIFIED IN NASSAU COUNTY  
COMMISSION EXPIRES MARCH 23, 2018



## LOSS MITIGATION APPLICATION

COMPLETE ALL PAGES OF THIS FORM

**See Instructions corresponding with numbers in brackets {} on form**

Loan Number: {1} \_\_\_\_\_

<b>BORROWER {3}</b>	<b>CO-BORROWER {4}</b>
Borrower's Name _____	Co-Borrower's Name _____
Social Security No. _____ Date of Birth _____	Social Security No. _____ Date of Birth _____
Home phone number, with area code _____	Home phone number with area code _____
Cell or work number with area code _____	Cell or work number with area code _____
Email Address: <input type="checkbox"/> Please check this box if you would like to receive loan modification status and missing document information via email.	Email Address: <input type="checkbox"/> Please check this box if you would like to receive loan modification status and missing document information via email.
<b>{5} Mailing address:</b> _____	
Property address (if same as mailing address, just check same) <input type="checkbox"/> same	
<b>{6}</b> <b>I want to:</b> <input type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property	
<b>The property is my:</b> <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
<b>The property is:</b> <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant	
<b>{7}</b> Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of offer: _____ Amount of offer: \$ _____ Agent's Name? _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>{8}</b> Have you contacted a housing-counseling agency for help <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: Counselor's Name: _____ Agency Name: _____ Counselor's Phone Number: _____ Counselor's E-mail: _____
<b>{9}</b> Who pays the real estate tax bill on your property: <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____	<b>{10}</b> Who pays the hazard insurance premium for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co.: _____ Insurance Co. Tel #: _____

COMPLETE ALL PAGES OF THIS FORM

See Instructions corresponding with numbers in brackets {} on form

**{11} Bankruptcy**

Have you filed for bankruptcy? ☐ Yes ☐ No If yes: ☐ Chapter 7 ☐ Chapter 13 Filing Date: \_\_\_\_\_

Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy case number: \_\_\_\_\_

**{12} Additional Liens/Mortgages or Judgments on this property:**

Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

**{13} HARSHIP AFFIDAVIT**

I am requesting review under your loss mitigation program.

I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.                    |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.                             | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |
| <input type="checkbox"/> Other  |  |

COMPLETE ALL PAGES OF THIS FORM

See Instructions corresponding with numbers in brackets {} on form

{14} Number of People in Household:

Income <sup>1</sup>		Assets		Expenses	
{15} Monthly Gross Wages	\$	{26} Checking Account(s)	\$	{37} First Mortgage Payment	\$
{16} Overtime	\$	{27} Checking Account(s)	\$	{38} Second Mortgage Payment	\$
{17} Child Support / Alimony / Separation <sup>2</sup>	\$	{28} Savings/ Money Market	\$	{39} Insurance	\$
{18} Social Security / SSDI	\$	{29} CDs	\$	{40} Property Taxes	\$
{19} Other monthly income from pensions, annuities or retirement plans	\$	{30} Stocks / Bonds	\$	{41} Credit Cards / Installment Loan(s) (total minimum payment per month)	\$
{20} Tips, commissions, bonus and Self-Employed Income	\$	{31} Other Cash on Hand	\$	{42} Alimony, child support payments	\$
{21} Rental Income	\$	{32} Other Real Estate (estimated value)	\$	{43} Net Rental Expenses	\$
{22} Unemployment income	\$	{33} Other:	\$	{44} HOA/Condo Fees / Property Maintenance	\$
{23} Food Stamps / Welfare	\$	{34} Other:	\$	{45} Car Payments	\$
{24} Other	\$	{35} Other:	\$	{46} Food/Groceries	\$
				{47} Utilities (Water/Electricity/Gas/Trash)	\$
				{48} Other	\$
{25} Total (Gross Income)	\$	{36} Total Assets	\$	{49} Total Debt / Expenses	\$

ALL INCOME MUST BE DOCUMENTED

<sup>1</sup> Include combined monthly income and expenses from the borrower and co-borrower (if any).

<sup>2</sup> You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

## LOSS MITIGATION APPLICATION

### ACKNOWLEDGMENT AND AGREEMENT

*In making this request for consideration under your loss mitigation program, I certify under penalty of perjury:*

That all of the information in this document is truthful and the event(s) identified on page one is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.

I understand that the Servicer, \_\_\_\_\_, or its agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate the law.

I understand that the Servicer will pull a current credit report on all borrowers obligated on the Note.

I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any loss mitigation agreement and may pursue foreclosure on my home.

That my Property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.

I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.

I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.

I am willing to commit to housing counseling if it is determined that my financial hardship is related to excessive debt.

I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any loss mitigation agreement to any third party that needs this information to process this application, including but not limited to: any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate liens (if applicable) mortgage loan(s); any companies that perform support services in conjunction with my mortgage; any HUD-certified housing counselor; and government regulators.

**{50}** \_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

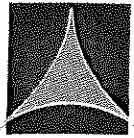
\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

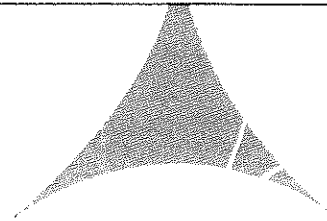
### Instructions for Completing the Loss Mitigation Application

The numbers for each item below correspond to the same numbers in the form above.

- {1} Your loan number on your mortgage loan statement.
- {2} Your loan "Servicer" is the financial institution that collects your monthly payment.
- {3} The borrower section must include information on the person whose name is on the "Note" for the mortgage loan.
- {4} The co-borrower is a second person on the Note for the mortgage loan. Do not fill out this section for someone who is not obligated on the Note for the mortgage loan.
- {5} Please provide a mailing address and a residential "Property" address if different. The Property address should correspond to the mortgage for which you are submitting a Loss Mitigation Application.
- {6} For this section you should choose one option for each question.
- {7} If your Property is not listed for sale, you do not need to fill out the rest of Section 7. Only include offers for sale that you received in the past year.
- {8} HUD-approved counselors are available free of charge and can be located on the HUD website at [www.HUD.gov](http://www.HUD.gov).
- {9} If your real estate taxes and property insurance are part of the monthly payment that you make to your servicer, select "lender does." "HOA" means Homeowner's Association.
- {10} If your hazard insurance premium is part of the monthly payment that you make to your servicer, select "lender does." "HOA" means Homeowner's Association.
- {11} The filing date indicates when you officially filed for bankruptcy. Only check the "yes" box for a discharged bankruptcy if you received a discharge from bankruptcy.
- {12} Additional liens include second (or third) mortgages and home equity lines of credit.
- {13} Please select as many hardships as apply to your situation. You can use the extra lines to explain your hardship.
- {14} Indicate the number of people in your household who contribute to the total income.
- {15} Monthly gross wages are what you receive before taxes. Use your most current pay stub to find this amount.
- {16} This amount should be listed on a current pay stub.
- {17} If you receive child support, alimony, or separation maintenance income, you are not required to report it.
- {18} SSDI means Social Security/Disability Income.
- {19} Only include if you are retired and collecting income from retired funds.
- {20} Self-Employed or commission borrowers (1099) must provide a copy of the most recently filed Federal tax return with all schedules and the most recent quarterly or year-to-date profit/loss statement. You must also provide a copy of three (3) months recent and consecutive business bank statements, or personal bank statements if no business account exists. If organized as a corporation or partnership, you must provide the most recently filed corporate or partnership returns with all schedules.
- {21} Only include rental income if used as part of your overall income. Include most recent tax return or current lease agreement or two cleared rent check copies.
- {22} You must have at least nine months of unemployment income to report on this form.
- {23} Report the amount indicated on your benefits letter. A copy of your award letter must be provided.
- {24} Add all other income and report sum in this box.
- {25} Add all amounts in income column (boxes 15-24) and report sum.
- {26} - {28} Report amounts for all accounts, if applicable.
- {29} "CDs" means certificates of deposit.
- {30} - {31} Report amounts for all accounts, if applicable.
- {32} Include estimated value for all other properties owned.
- {33}-35} Report any other assets other than the value of life insurance or retirement plans, such as 401K, pension funds, IRAs
- {36} Add all amounts in assets column (boxes 37-45) and report sum.
- {37} This amount can be found on your statement for your first mortgage.
- {38} If applicable, this amount can be found on the statement for your second mortgage or home equity lines of credit.
- {39} This refers only to homeowner's insurance and should be reported only if you pay this yourself.
- {40} Only report these taxes if you pay them yourself.
- {41} Add all credit cards and installment payments and report sum here.
- {42} If you are responsible for paying child support or alimony, you must report the amount here.
- {43} Report amount if your total rental income does not cover your total rental expenses.
- {44} "HOA" means Homeowner's Association.
- {45} Include car payments only if you are the owner of the vehicle.
- {46} Include all household food expenses.
- {47} Include all expenses for utilities (water, gas, electricity, trash).
- {48} Include any other pertinent household expenses.
- {49} Add all amounts in expense column (boxes 26-35) and report sum.
- {50} Please be sure to read the entire Loss Mitigation Application Acknowledgement and Agreement before signing.



**CALIBER**  
HOME LOANS



USE AS INCOME VERIFICATION FOR CALIBER LOAN # \_\_\_\_\_

BORROWER NAME: \_\_\_\_\_

**LETTER OF VERIFICATION:  
CONTRIBUTION TO HOUSEHOLD INCOME**

Date \_\_\_\_\_

To: Caliber Home Loans:

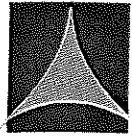
**This letter is written to state that I, \_\_\_\_\_, contribute monthly household income in the amount of \$ \_\_\_\_\_ per month. My relationship to your current borrower is \_\_\_\_\_. I have attached 2 months of my most recent income documentation to verify the source of the income. I state that this information provided is correct and to the best of my knowledge.**

**Respectfully,**

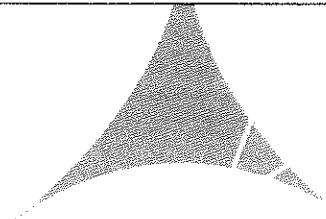
\_\_\_\_\_  
Signature Required

**LET US GUIDE YOU HOME**





**CALIBER**  
HOME LOANS



## NON-BORROWER CONTRIBUTOR CREDIT REPORT AUTHORIZATION

**Caliber Account Number: #** \_\_\_\_\_

**Borrower Name(s) (please print):** \_\_\_\_\_

**Each of the undersigned hereby acknowledges that Caliber Home Loans, Inc., as servicer for the owner of the above-referenced mortgage loan, has permission to verify and to obtain any credit information or data, for any legitimate business purpose through any source, including a consumer reporting agency. (Non-borrower contributor(s) authorizing Caliber to pull their credit report must sign, date and provide their social security number below)**

**X** \_\_\_\_\_  
Non-borrower Contributors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security #

**X** \_\_\_\_\_  
Non-borrower Contributors Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security #

**LET US GUIDE YOU HOME**

# Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caliber Home Loans, 13801 Wireless Way Oklahoma City, OK 73134**

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . . ☐

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . . ☐

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

▶ **Signature** (see instructions) \_\_\_\_\_ **Date** \_\_\_\_\_

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust) \_\_\_\_\_

▶ **Spouse's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

### If you filed an individual return and lived in:

### Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	512-460-2272
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
	559-456-7227
	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	816-292-6102

## Chart for all other transcripts

### If you lived in or your business was in:

### Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	801-620-6922
	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

## Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

# Making Home Affordable Program Request For Mortgage Assistance (RMA)



If you are experiencing a financial hardship and need help, you must complete and submit this form along with other required documentation to be considered for foreclosure prevention options under the Making Home Affordable (MHA) Program. You must provide information about yourself and your intentions to either keep or transition out of your property; a description of the hardship that prevents you from paying your mortgage(s); information about **all** of your income, expenses and financial assets; whether you have declared bankruptcy; and information about the mortgage(s) on your principal residence and other single family real estate that you own. Finally, you will need to return to your loan servicer (1) this completed, signed and dated Request for Mortgage Assistance (RMA); and (2) completed and signed IRS Form 4506-T or 4506T-EZ; and (3) all required income documentation identified in Section 4.

**When you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this RMA is accurate and truthful.**

## SECTION 1: BORROWER INFORMATION

### BORROWER

BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)
HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS	
EMAIL ADDRESS	

### CO-BORROWER

CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)
HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS (IF SAME AS BORROWER, WRITE "SAME")	
EMAIL ADDRESS	

Has any borrower filed for bankruptcy? ☐ Chapter 7 ☐ Chapter 13  
 Filing Date: \_\_\_\_\_ Bankruptcy case number: \_\_\_\_\_  
 Has your bankruptcy been discharged? ☐ Yes ☐ No

Is any borrower a servicemember? ☐ Yes ☐ No  
 Have you recently been deployed away from your principal residence or recently received a permanent change of station order? ☐ Yes ☐ No

How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? \_\_\_\_\_  
 Has the mortgage on your principal residence ever had a Home Affordable Modification Program (HAMP) trial period plan or permanent modification? ☐ Yes ☐ No  
 Has the mortgage on any other property that you or any co-borrower own had a permanent HAMP modification? ☐ Yes ☐ No If "Yes", how many? \_\_\_\_\_  
 Are you or any co-borrower currently in or being considered for a HAMP trial period plan on a property other than your principal residence? ☐ Yes ☐ No

## SECTION 2: HARDSHIP AFFIDAVIT

I (We) am/are requesting review under MHA.  
 I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: reduced pay or hours, decline in business or self employment earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> I am unemployed and (a) I am receiving/will receive unemployment benefits or (b) my unemployment benefits ended less than 6 months ago.	Other: _____

Explanation (continue on a separate sheet of paper if necessary):

**SECTION 3: PRINCIPAL RESIDENCE INFORMATION**

(This section is required even if you are not seeking mortgage assistance on your principal residence)

I am requesting mortgage assistance with my principal residence ☐ Yes ☐ NoIf "yes", I want to: ☐ Keep the property ☐ Sell the property

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Other mortgages or liens on the property? ☐ Yes ☐ No Lien Holder / Servicer Name: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No If "Yes", Monthly Fee \$ \_\_\_\_\_ Are fees paid current? ☐ Yes ☐ No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and Insurance? ☐ Yes ☐ No If "No", are the taxes and insurance paid current? ☐ Yes ☐ No

Annual Homeowner's Insurance \$ \_\_\_\_\_

Is the property listed for sale? ☐ Yes ☐ No If "Yes", Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_List date? \_\_\_\_\_ Have you received a purchase offer? ☐ Yes ☐ No Amount of Offer \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_**Complete this section ONLY if you are requesting mortgage assistance with a property that is not your principal residence.**

Principal residence servicer name: \_\_\_\_\_ Principal residence servicer phone number: \_\_\_\_\_

Is the mortgage on your principal residence paid? ☐ Yes ☐ No If "No", number of months your payment is past due (if known): \_\_\_\_\_**SECTION 4: COMBINED INCOME AND EXPENSE OF BORROWER AND CO-BORROWER**

Monthly Household Income		Monthly Household Expenses/Debt (*Principal Residence Expense Only)		Household Assets	
Monthly Gross wages	\$	First Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Principal & Interest Payment*	\$	Checking Account(s)	\$
Self employment Income	\$	Homeowner's Insurance*	\$	Savings / Money Market	\$
Unemployment Income	\$	Property Taxes*	\$	CDs	\$
Untaxed Social Security / SSD	\$	HOA/Condo Fees*	\$	Stocks / Bonds	\$
Food Stamps/Welfare	\$	Credit Cards/Installment debt (total min. payment)	\$	Other Cash on Hand	\$
Taxable Social Security or retirement income	\$	Child Support / Alimony	\$		
Child Support / Alimony**	\$	Car Payments	\$		
Tips, commissions, bonus and overtime	\$	Mortgage Payments other properties****	\$		
Gross Rents Received ***	\$	Other	\$	Value of all Real Estate except principal residence	\$
Other	\$			Other	\$
<b>Total (Gross income)</b>	<b>\$</b>	<b>Total Debt/Expenses</b>	<b>\$</b>	<b>Total Assets</b>	<b>\$</b>

\*\* Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.

\*\*\* Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section 6.

\*\*\*\* Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section 6.

**Required Income Documentation**  
(Your servicer may request additional documentation to complete your evaluation for MHA)

All Borrowers	<input type="checkbox"/> Include a signed IRS Form 4506-T or 4506T-EZ
<input type="checkbox"/> Do you earn a wage? Borrower Hire Date (MM/DD/YY) _____ Co-borrower Hire Date (MM/DD/YY) _____	<input type="checkbox"/> For each borrower who is a salaried employee or hourly wage earner, provide the most recent pay stub(s) that reflects at least 30 days of year-to-date income.
<input type="checkbox"/> Are you self-employed?	<input type="checkbox"/> Provide your most recent signed and dated quarterly or year-to date profit and loss statement.
<input type="checkbox"/> Do you receive tips, commissions, bonuses, housing allowance or overtime?	<input type="checkbox"/> Describe the type of income, how frequently you receive the income and third party documentation describing the income (e.g., employment contracts or printouts documenting tip income).
<input type="checkbox"/> Do you receive social security, disability, death benefits, pension, public assistance or adoption assistance?	<input type="checkbox"/> Provide documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider and receipt of payment (such as two most recent bank statements or deposit advices).
<input type="checkbox"/> Do you receive alimony, child support, or separation maintenance payments?	<input type="checkbox"/> Provide a copy of the divorce decree, separation agreement, or other written legal agreement filed with the court that states the amount of the payments and the period of time that you are entitled to receive them. AND  <input type="checkbox"/> Copies of your two most recent bank statements or deposit advices showing you have received payment.  <b>Notice: Alimony, child support or separate maintenance income need not be disclosed if you do not choose to have it considered for repaying your mortgage debt.</b>
<input type="checkbox"/> Do you have income from rental properties that are not your principal residence?	<input type="checkbox"/> Provide your most recent Federal Tax return with all schedules, including Schedule E.  <input type="checkbox"/> If rental income is not reported on Schedule E, provide a copy of the current lease agreement with bank statements showing deposit of rent checks.

**SECTION 5: OTHER PROPERTIES OWNED**

(You must provide information about all properties that you or the co-borrower own, other than your principal residence and any property described in Section 6 below. Use additional sheets if necessary.)

**Other Property #1**

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

**Other Property #2**

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

**Other Property #3**

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ Second or seasonal home ☐ Rented Gross Monthly Rent \$ \_\_\_\_\_ Monthly mortgage payment\* \$ \_\_\_\_\_

\* The amount of the monthly payment made to your lender – including, if applicable, monthly principal, interest, real property taxes and insurance premiums..

**SECTION 6: OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED**(Complete this section **ONLY** if you are requesting mortgage assistance with a property that is not your principal residence.)I am requesting mortgage assistance with a rental property. ☐ Yes ☐ NoI am requesting mortgage assistance with a second or seasonal home. ☐ Yes ☐ NoIf "Yes" to either, I want to: ☐ Keep the property ☐ Sell the property

Property Address: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_

Do you have a second mortgage on the property ☐ Yes ☐ No If "Yes", Servicer Name: \_\_\_\_\_ Loan I.D. Number: \_\_\_\_\_Do you have condominium or homeowner association (HOA) fees? ☐ Yes ☐ No If "Yes", Monthly Fee \$ \_\_\_\_\_ Are HOA fees paid current? ☐ Yes ☐ No

Name and address that fees are paid to: \_\_\_\_\_

Does your mortgage payment include taxes and insurance? ☐ Yes ☐ No If "No", are the taxes and insurance paid current? ☐ Yes ☐ No

Annual Homeowner's Insurance \$ \_\_\_\_\_ Annual Property Taxes \$ \_\_\_\_\_

If requesting assistance with a rental property, property is currently:

☐ Vacant and available for rent.

☐ Occupied without rent by your legal dependent, parent or grandparent as their principal residence.

☐ Occupied by a tenant as their principal residence.

☐ Other \_\_\_\_\_

If rental property is occupied by a tenant: Term of lease / occupancy \_\_\_\_\_ -- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gross Monthly Rent \$ \_\_\_\_\_

MM / DD / YYYY MM / DD / YYYY

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If applicable, describe relationship of and duration of non-rent paying occupant of rental property: \_\_\_\_\_

Is the property for sale? ☐ Yes ☐ No If "Yes", Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_List date? \_\_\_\_\_ Have you received a purchase offer? ☐ Yes ☐ No Amount of Offer \$ \_\_\_\_\_ Closing Date: \_\_\_\_\_**RENTAL PROPERTY CERTIFICATION**

(You must complete this certification if you are requesting a mortgage modification with respect to a rental property.)

☐ By checking this box and initialing below, I am requesting a mortgage modification under MHA with respect to the rental property described in this Section 6 and I hereby certify under penalty of perjury that each of the following statements is true and correct with respect to that property:

1. I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

2. The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

3. I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

**Notwithstanding the foregoing certifications, I may at any time sell the property, occupy it as my principal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.**

This certification is effective on the earlier of the date listed below or the date the RMA is received by your servicer.

Initials: Borrower \_\_\_\_\_ Co-borrower \_\_\_\_\_

## SECTION 7: DODD-FRANK CERTIFICATION

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their respective agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law. This certification is effective on the earlier of the date listed below or the date this RMA is received by your servicer.

## SECTION 8: INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

BORROWER ☐ I do not wish to furnish this information

CO-BORROWER ☐ I do not wish to furnish this information

Ethnicity: ☐ Hispanic or Latino

Ethnicity: ☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaska Native

Race: ☐ American Indian or Alaska Native

☐ Asian

☐ Asian

☐ Black or African American

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ White

Sex: ☐ Female

Sex: ☐ Female

☐ Male

☐ Male

### To be completed by interviewer

*Name/Address of Interviewer's Employer*

This request was taken by:

*Interviewer's Name (print or type) & ID Number*

☐ Face-to-face interview

*Interviewer's Signature*

*Date*

☐ Mail

☐ Telephone

*Interviewer's Phone Number (include area code)*

☐ Internet



## SECTION 9: BORROWER AND CO-BORROWER ACKNOWLEDGEMENT AND AGREEMENT

1. I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.
2. I understand and acknowledge that the Servicer, the U.S. Department of the Treasury, the owner or guarantor of my mortgage loan, or their respective agents may investigate the accuracy of my statements, may require me to provide additional supporting documentation and that knowingly submitting false information may violate Federal and other applicable law.
3. I authorize and give permission to the Servicer, the U.S. Department of the Treasury, and their respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for MHA and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance under MHA, the Servicer, the U.S. Department of the Treasury, or their respective agents may terminate my participation in MHA, including any right to future benefits and incentives that otherwise would have been available under the program, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
5. I certify that any property for which I am requesting assistance is a habitable residential property that is not subject to a condemnation notice.
6. I certify that I am willing to provide all requested documents and to respond to all Servicer communications in a timely manner. I understand that time is of the essence.
7. I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. If I am eligible for assistance under MHA, and I accept and agree to all terms of an MHA notice, plan, or agreement, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my servicer's determination and notification of my eligibility or prequalification for MHA assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.
10. I understand that my Servicer will collect and record personal information that I submit in this RMA and during the evaluation process, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about my account balances and activity. I understand and consent to the Servicer's disclosure of my personal information and the terms of any MHA notice, plan or agreement to the U.S. Department of the Treasury and its agents, Fannie Mae and Freddie Mac in connection with their responsibilities under MHA, companies that perform support services in conjunction with MHA, any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) and to any HUD-certified housing counselor.
11. I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

The undersigned certifies under penalty of perjury that all statements in this document are true and correct.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-borrower Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

## HOMEOWNER'S HOTLINE

*If you have questions about this document or the Making Home Affordable Program, please call your servicer.  
If you have questions about the program that your servicer cannot answer or need further counseling, you can call the  
Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673).*

*The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.*

**888-995-HOPE**  
Homeowner's HOPE™ Hotline

## NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy of your property, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to my Servicer in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov) and provide them with your name, our name as your servicer, your property address, loan number and the reason for escalation. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

### **Beware of Foreclosure Rescue Scams. Help is FREE!**

- **There is never a fee to get assistance or information about the Making Home Affordable Program from your lender or a HUD-approved housing counselor.**
- **Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.**
- **Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house. Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.**
- **Never make your mortgage payments to anyone other than your mortgage company without their approval.**

